MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10714079 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	X					
3		1				
4	1					
5	X					
6	X					
7	X					
8	1					
9	X					
10		1				
11	1					
12	X					
13	X					
14	X					
15	1					
16	X					
17		1				
18	X					
19	X					
20	X					
21	X					
22	1					
23	X					
24	X	1				
25	1					
26	X					
27	X					
28	X					
29	X					
30	X					
31	X					
32		4				
33		4				
34		4				
35		4				
36	X					
37	X					
38		4				
39	X					
40	X					
41	X					
42	X					
43	X					
44		4				
45		4				
46	X					
47	X					
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	32					
TOTAL CLAIMS	40					

			IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								